## 14000079408

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## **COVER LETTER**

HANK COMPANY II C						
SUBJECT: HANK COMPANY LLC	ne of Limited Lia	ahility (	Company			
DOCUMENT NUMBER: L1400007		۱۰۰۰۰۰۰	50mpuny			
		mited I	Liability Company and fee are submitted			
Please return all correspondence conce	rning this matte	r to the	following:			
CHRIS MAYS						
Name of Person	• .					
PARACORP INCORPORATED						
Name of Firm/Compa	ny					
2804 Gateway Oaks Dr #100						
Address						
Sacramento, CA 95833						
City/State and Zip Co	de					
CMAYS@MYPARACORP.COM						
E-mail address: (to be used for future ann	ual report notificat	tion)				
For further information concerning this	matter, please	call:				
CHRIS MAYS	800	,	533-7272			
Name of Person	Area	Code	533-7272  Daytime Telephone Number			
Enclosed is a check made payable to th liability company or \$25.00 for an admitability company.	e Florida Depar inistratively dis	rtment ssolved	of State for \$85.00 for an active limited , voluntarily dissolved or withdrawn limite			
MAILING ADDRESS:			T ADDRESS:			
Registration Section Division of Corporations		Registration Section Division of Corporations				
P.O. Box 6327		Clifton Building				

2661 Executive Center Circle

Tallahassee, FL 32301

INHS17 (2/14)

Tallahassee, FL 32314

**TO:** Registration Section Division of Corporations

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.011	<ol><li>Florida Statutes, the under</li></ol>	rsigned.			
PARACORP INCORPORATED , hereby						
	Name of Registered Age	nl				
Registered Agent for H	IANK COMPANY	LLC				-
	Nama of Lin	nited Liability Company		· · ·		_•
	Name of this	med thaomy Company				
L14000079408						
Document N	umber, if known					
A copy of this resignati	on was mailed to the	above listed limited liability	company at its last l	known a	ddress.	
The agency is terminate	ed and the office disco	ntinued on the 31st day after	r the date on which	this state	ment i	s tiled.
		COOPS				
		Signature of Resigning Agent				
If signing on behalf of a	ın entity:					
	ABIGALE PETE	RSON				
	7	yped or Printed Name		A SE	2023	
	Asst. Secretary	for Paracorp Incorporat	ted	A	3	
		Capacity		AS.	2023 <b>K</b> AY -3	
				338 7		
					3	
	<u>FILING</u> \$ 85.00	FEES: Active limited liability co Administratively dissolve	ompany	STAT	2: -	O
	\$ 25.00	Administratively dissolve withdrawn limited liabili	ed/ vofuntarily disso ty company		_	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314